

Quotations follow:

Fifty Thousand Medical Officers.—With an army of three million men in the field [October, 1918] or in training and as contemplated, an expansion of this force to five million men, the Surgeon General must have in the Medical Reserve Corps at least fifty thousand doctors. The Medical Reserve Corps must keep pace in growth with the army expansion and it behooves every doctor in the United States between the ages of 21 and 55, who is physically, morally, and professionally fit, at the earliest possible moment to arrange his personal affairs so as to offer his services to his country in the capacity of a medical officer. The United States is in the war to win and this can only be accomplished by a large and well-trained body of troops adequately cared for by a sufficient number of medical officers. The importance of the doctor's service and its relation to the successful outcome of the war cannot be overestimated. . . .

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Volunteer Medical Service Corps.—To date [October, 1918] about 40,000 of the 144,116 doctors in the United States—not including the more than 5,000 women doctors—either are in Government service or have volunteered their services. Up to July 12 the Surgeon-General had recommended to the Adjutant-General 26,733 doctors for commission in the Medical Reserve Corps. About 9,000 others who applied were rejected. With the 1,194 in the Medical Corps of the National Guard and 1,600 in the Navy, the total—38,527—constitutes 26.73 per cent of the civilian doctors. Deducting those who declined their commissions or who have been discharged because of subsequent physical disability or other cause, the number actually commissioned in the Medical Reserve Corps stands (August 23) at 23,531 with several hundred recommended whose commissions are pending. Of the 23,531, there are 22,232 now on active duty. . . .

EDITORIAL COMMENT[†]

AUTOALLERGIC DERMATITIS

In 1934, Whitfield¹ introduced the term "auto-sensitization eczema" to explain certain puzzling dermatoses, which he believed were due to the patient's acquired sensitization to the slightly denatured organ-specific proteins of his own skin. This nomenclature offered a convenient explanation for the apparently spontaneous continuation or spread of eczematous and urticarial lesions, for the jumping about, waxing and waning of such lesions, and for their appearance at the site of minor skin irritation. The nomenclature, however, was received with skepticism by most professional immunologists since it was not based on experimental evidence that dermal proteins are organ-specific and can function as isoantigens. Proof of dermal isoantigenicity, however, is currently reported by Hecht² and his associates of the United States Army Medical Corps, and the Department of Dermatology, University of Illinois.

Finely minced rabbit skin was mixed with an equal volume of aluminum cream, according to the Walker³ technique and the mixture injected into

the muscles of the hindlegs of normal rabbits to form several deposits of skin material which presumably would be slowly autolysed and absorbed. Heart blood drawn at weekly intervals from the injected rabbits was titrated for antiskin precipitin; filtered rabbit skin autolysate being used as test antigen. This autolysate was prepared by 150-hour incubation of finely minced rabbit skin suspended in an equal volume of saline solution. Four rabbits thus tested showed no suggestion of specific antiskin precipitins (ring test). In two other rabbits, however, the faintest suggestion of a positive reaction was noted.

These findings are reminiscent of earlier results with homologous lens proteins, most investigators reporting only an occasional faintly positive iso-antigenic reaction. It was subsequently shown,⁴ however, that autogenous lens proteins could be "potentiated" or otherwise increased to full antigenicity by mixing them with staphylococcus toxin or by a simultaneous injection of lens protein and toxin. Applying this technique, Hecht injected other groups of rabbits intramuscularly with rabbit skin material, followed by repeated daily intracutaneous injections of staphylococcus filtrate. All rabbits thus injected developed relatively high titer specific antiskin precipitins. In some cases the titer reached three plus or even four plus on their precipitin scale. Rabbits injected with staphylococcus toxin alone and all untreated controls gave uniformly negative results.

Hecht found that rabbits which had thus developed antiskin precipitins manifested "special kinds of lesions" (details not given) when their skins were subjected to various kinds of trauma and irritation. Rabbits without demonstrable antiskin precipitins failed to develop these types of lesions in response to identical forms of skin trauma. The work of the Illinois dermatologists, therefore, offers belated scientific evidence for the "autosensitization eczema" or autoanaphylactic dermatitis of current clinical nomenclature.

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REFERENCES

1. Whitfield, A.: *Deliberations Eighth Cong. Dermat. Internat.*, Copenhagen, p. 142, 1934.
2. Hecht, R., Sulzberger, M. B., and Weil, H.: *Jour. Exp. Med.*, 78:59 (July), 1943.
3. Mann, L. S., and Walker, W. H.: *Proc. Soc. Exp. Biol. and Med.*, 43:18, 1940.
4. Burky, E. L.: *Jour. Allergy*, 5:466, 1934.

Now more than at any other time, because of the pressure of work, longer hours, and crowded and unsatisfactory living conditions, there is reason for extra precaution so far as tuberculous infection is concerned, both in large and small industries. Many individuals will have to be employed whose health is substandard and who should be considered more susceptible to such infection. Therefore, there should be more effort made to extend and maintain proper health supervision, especially in regard to the detection and control of tuberculosis.—W. A. Sawyer, M. D., *New York State Journal of Medicine*, January 15, 1943.

[†] This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.